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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUL - 6 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
S_{2}	L-0.12-101 11-
	HTERNAMONAL, LLC
Name of	Limited Liability Company
·	
	į.
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Trease retain an earrespondence educating and in	inter to the following.
HATRIC	CIA MADOUX
	Name of Person
	1 1-11-11-11
_ <u> </u>	N INTERNATIONL, LLC
	Firm/Company 7
$\neg \neg \neg \neg \neg $	EAST AMANTIC AVE C2/333
1// 6	
	Address
DELRAY	City/State and Zip Code City/State and Zip Code
	City/State and Zip Code
ULRICS	ia GMAIL COM!
E-mail addi	ess: (to be used for future annual report notification)
•	·
For further information concerning this matter, ple	\cdot
ULRIC LIVINGSTON	at (786) 417 2367 Area Code & Daytime Telephone Number
Name of Person	, Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scertificate of State	sus Certified Copy Certificate of Status & Certified Copy Certified Copy
	(additional copy is enclosed)
F-1000.	
MAILING ADDRESS:	STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

Sizal Let	TERL	1ATTO	141	W	Ċ	
(Name of the Limited Liab (A Flori	. –	, ,	•	ecords.)		
The Articles of Organization for this Limited Liability Florida document number	tv Company w		8/10	104	and assign	ed
This amendment is submitted to amend the following				·	·	
A. If amending name, enter the new name of the	limited liabil	ity company he	<u>re</u> :	ing the second	,	Ť
SAM	1E .	:	;			
The new name must be distinguishable and end with the "L.L.C." Enter new principal offices address, if applicable:			pany," the de $+ME$	esignation "l	LLC" or the abb	reviation
(Principal office address MUST BE A STREET AL	DRESS)				10	938
	•	1			ON OF 6	RETAR
Enter new mailing address, if applicable:		-			70	03
(Malling address MAY BE A POST OFFICE BOX	2		:		1	S
					9	TE NS
B. If amending the registered agent and/or re registered agent and/or the new registered office a			our recor	ds, <u>enter (</u>	he name of t	he new
Name of New Registered Agent:		SAME.		4		
New Registered Office Address:	777 E	, ATLAN	Mic,	AVE	C2/33	3_
•		_	nter Florid		,	_
<u> </u>)ELPA,	Y BEA	CH,	Florida	33+8	<u>3</u>
		City	· · ·		Zip Code	
New Registered Agent's Signature, if changing Regist	ered Agent:		:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

<u>lle</u>	Name -		Address	и	• • •	Type of Action
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A	OD Susie Ho	DWIE	As			MEMBER — SYSE
<u>Δ</u>	OD Susie Ho	DWIE	As			SECRETARY OF CORP 10 JUL -2 PM
<u> </u>	OD Susie Ho	DWIE	As			SECRETARY OF SIRPORA 10 JUL -2 PH 12:
<u>Δ</u>	OD Susie Ho	DWIE NERS	As HIP 2		GING 1	SECRETARY OF CORP 10 JUL -2 PM

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Page 2 of 2

Filing Fee: \$25.00